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ABSTRACT

Childhood physical abuse, sexual abuse, and neglect have both immediate and long-term effects. Different types of abuse have a range of consequences for a childs later physical and psychological well-being, cognitive development, and behavior. This article discusses what is known about the long-term consequences of childhood victimization and the processes linking it to outcomes later in life. The results of earlier studies are presented, as well as the findings of more recent research. (Contains 17 references, 4 figures, and 5 tables.) (GCP)

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Childhood Victimization:

EARLY Adversity, LATER Psychopathology

by Cathy Spatz Widom

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about the author

Cathy Spatz Widom is a professor of criminal justice and psychology at the State University of New York at Albany. She is widely recognized for her work on the cycle of violence.

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Childhood physical abuse, sexual abuse, and neglect have both immediate and long-term effects. Different types of abuse have a range of consequences for a child's later physical and psychological well-being, cognitive development, and behavior. But there is another side to the issue: Because these crimes often occur against a background of more chronic adversity, in families with multiple problems, it may not be reasonable to assume that before being victimized the child enjoyed "well-being." Parental alcoholism, drug problems, and other inadequate social and family functioning are among the factors affecting the child's response to victimization. Gender differences add to the complexity. Disentangling all these factors is difficult, as researchers have found.

Clearly, more needs to be learned about the long-term consequences of childhood victimization and the processes linking it to outcomes later in life. This article discusses what is known from earlier studies and also presents the findings of more recent research.[1]

Consequences and What Gives Rise to Them

Child maltreatment has physical, psychological, cognitive, and behavioral consequences. Physical consequences range from minor injuries to brain damage and even death. Psychological consequences range from chronic low self-esteem, anxiety, and depression to substance abuse and other self-destructive behavior and suicide attempts. Cognitive effects include attention problems, learning disorders, and poor school performance. Behavioral consequences range from poor peer relations to physical aggression and antisocial behavior to violent behavior. These consequences are influenced by such factors as gender differences and the context in which victimization occurs.

Gender differences. Differences between men and women in manifesting the effects of childhood victimization have received only limited attention from scholars. Some researchers, exploring how men and women differ in showing distress, have suggested there is some conformity to traditional notions of male and female behavior.[2] Some have noted that differences between men and women in manifesting the consequences of abuse may parallel gender differences in the way psychopathology is expressed. Thus, aggression (in males) and depression (in females) may express the same underlying distress, perhaps reflecting gender-specific strategies for maintaining self-esteem in the face of perceived rejection.[3]

Differences in the way boys and girls react to abuse have been reported in a few studies. In one, boys were found to have more externalizing and girls to have more internalizing symptoms.[4] An examination of depression and conduct disorders in sexually abused children revealed that girls were more likely than boys to develop depressive disorders and less likely to develop conduct disorders.[5]

Family and community—the context. The long-term impact of childhood trauma may depend on the larger—family or community—context.[6] In a study of children kidnaped and held underground, preexisting family pathology was identified as a factor in the victims' long-term adjustment. Four years after the incident, the children from troubled families were more maladjusted than those from healthier families.[7] The findings of other research were not as clear; rather, subsequent maladjustment was linked more to whether victimized children received appropriate play materials and maternal involvement than to whether they were abused.[8] Parental alcoholism is another contextual factor linked to child abuse[9] and to alcoholism later in life in the offspring.[10]

In the same way, practices of the community and the justice and social service systems may have long-term effects. Researchers have called attention to the ways in which children who are members of racial and ethnic minorities encounter discrimination, which diminishes their self-esteem and exacerbates the effects of victimization.[11] Elsewhere, researchers have suggested that victimized children are more likely to develop problem behavior in adolescence partly because of juvenile justice system practices that disproportionately label them as juvenile offenders and adjudicate them as such.[12]

How the Study Is Being Conducted

The study is based on a "prospective cohorts design," so-called because it follows a group of people (a cohort) for an extended period, enabling researchers to examine sequences of development over time. In the case of this study, the design helps sort out the effects of childhood victimization from other, potentially confounding effects traceable to different causes. The subjects were told they were part of a study of the characteristics of people who had grown up in the area in the late 1960's and early 1970's.

The cases of children who were abused and/or neglected were drawn from county juvenile and adult criminal court records in a metropolitan area of the Midwest between 1967 and 1971. The children were young–age 11 or younger–at the time of the incident.

The comparison group. To create a control group against which to compare the abused and neglected children, a group of children who had not been reported as victimized but who were similar in other respects to the study subjects were identified. To match children younger than school age at the time of the incident, county birth records were used. To match school-age children, records of more than 100 elementary schools were used.

Sample size and characteristics. The original sample consisted of 1,575 people, of whom 908 were study subjects and 667 were controls. Of these, 1,196 were interviewed for the study. Just under half the interviewees were female, about two-thirds were white, and the mean age at the time of the interview was 28.7. There were no differences between the abused/neglected group and the controls in gender, race/ethnicity, or age.

Some caveats. Because the study findings were based on court cases, they most likely represent the most extreme incidents of childhood abuse and neglect. What is more, they were processed before enactment of child abuse laws, when many cases went unreported and thus never came to the attention of the authorities. The findings are therefore not generalizable to unreported or unsubstantiated cases of abuse and neglect.

Because cases brought before the courts disproportionately represent people at the lower end of the socioeconomic spectrum, the study's subjects and controls were drawn from that stratum. For this reason, it would be inappropriate to generalize to cases involving people from other socioeconomic strata.

Studying the Long-Term Effects in Depth

In a systematic study of the long-term consequences of early childhood abuse and neglect, the author is examining the experiences of more than 900 people who were victimized in childhood. Begun in 1986, the study first focused on the extent to which, as the victims grew into adulthood, they became involved in delinquency and crime, including violent crime.[13] The current focus is on how their intellectual, behavioral, social, and psychological development was affected. This second phase began in 1989, more than 20 years after the victimization. (See "How the Study Is Being Conducted.")

Intellectual performance. When tested at about age 29, the study subjects and the comparison group both scored at the lower levels of the IQ scale, with the majority in both groups below the standard mean of 100 (see figure 1, next page). Those who were abused or neglected, however, scored significantly lower than the comparison group, and these lower levels persisted irrespective of age, sex, race, and criminal history.

Overall, both groups averaged 11.5 years of schooling, but the abused and neglected group completed significantly fewer years. Thus, the childhood victims were less likely to have completed high school: Fewer than half, in contrast to two-thirds of the people in the control group.

Behavioral and social development. The occupations of both groups ranged from laborer through professional. In the sample overall, the median job level was that of semiskilled worker, with fewer than 7 percent in the two groups holding managerial or professional jobs (see figure 2, next page). The abused and neglected individuals had not done as well as the control group: Significantly more of them held menial and semiskilled jobs. Conversely, a larger proportion of people in the control group held higher level jobs, ranging from skilled worker through professional.

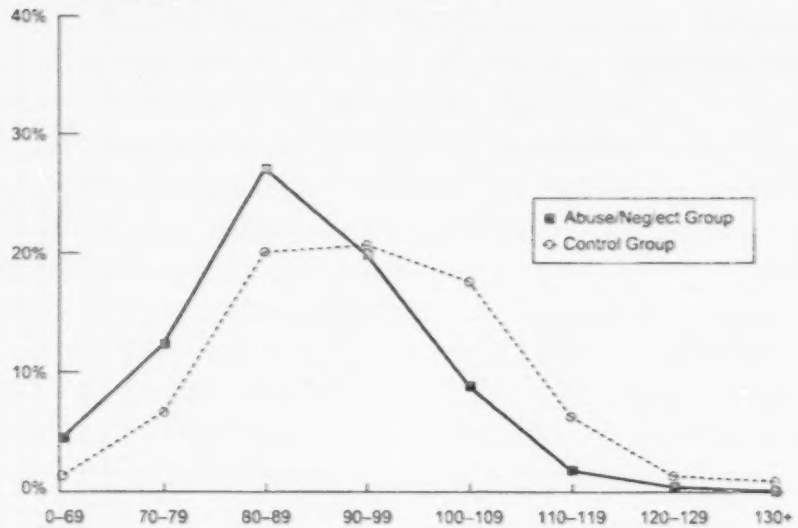
Unemployment and underemployment disproportionately affected the abused and neglected group (see figure 3, page 6). In both groups, more than one-fifth had been unemployed in the 5-year period before they were interviewed for the study. Not surprisingly, people in the control group were more likely than the victims to be employed. For underemployment, the story is similar: Significantly more victims of childhood abuse and neglect were underemployed in the 5 years before the interview than were controls.

The quality of interpersonal relations also is affected by childhood victimization, and here again there

are no surprises (see figure 4, next page). Using marital stability as the measure of success, child abuse and neglect victims did not do as well as control group members. Almost 20 percent of the controls reported a stable marriage, compared to only 13 percent of the abuse and neglect group. Frequent divorce and separation were also more common among abused and neglected people.

As reported in previous research, childhood victimization also increases the risk of criminal behavior later in life—as measured by arrests for delinquency and adult criminality, including violent crime.[14] The current study confirms these findings. The odds of arrest for a juvenile offense were 1.9 times higher among abused and neglected individuals than among controls; for crimes committed as an adult, the odds were 1.6 times higher (see table 1, page 7). Childhood abuse or neglect increases the risk of being arrested for violent crime, whether in the juvenile or adult years, as well as for crime in general. It is perhaps most important to note, however, that a substantial proportion of the abused and neglected children did not become delinquents or criminals.

Figure 1: IQ Scores—Abused/Neglected Group and Control Group



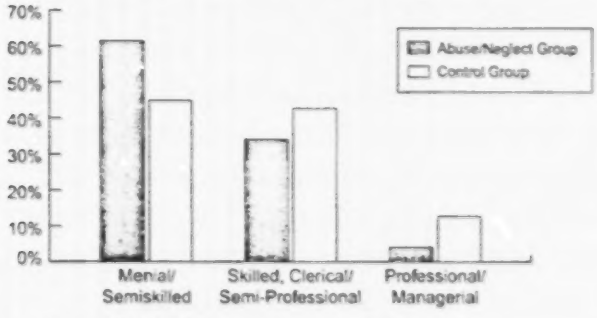
Note: Number = 1,185

IQ scores are based on the Quick Test. See Ammons, R.B., and Ammons, C.H., "The Quick Test (QT): Provisional Manual," *Psychological Reports* 11 (1962): 11–162 (monograph supplement 7-VII).

Psychological and emotional fallout. Suicide attempts, diagnosis of antisocial personality disorder, and alcohol abuse and/or dependence were some of the measures of psychopathology. The abused and neglected individuals were significantly more likely than the controls to have attempted suicide and to have met the criteria for antisocial personality disorder (see table 2, page 7), findings irrespective of age, sex, race, and criminal history. High rates of alcohol abuse were found in both groups (more than 50 percent in each), although the abuse/neglect victims were not at greater risk than the controls, a finding that departs from other research but that methodological differences might explain.[15]

As other research has shown, gender can affect the development of psychopathology in abused and neglected children later in life. The current study revealed some of these gender-based differences. Females abused and neglected in childhood were more likely than controls to attempt suicide, to abuse alcohol or

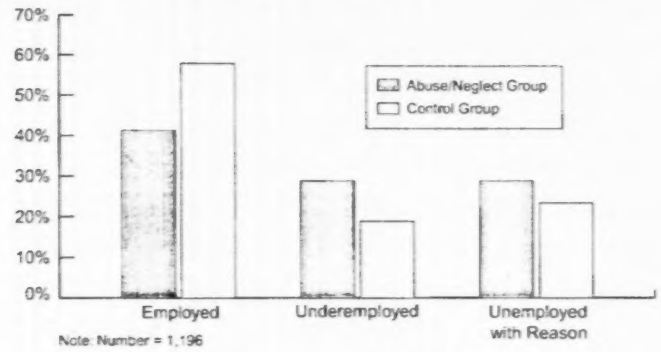
Figure 2: Occupational Status—Abused/Neglected Group and Control Group



Note: Number = 1,167

Occupational status was coded according to the Hollingshead Occupational Coding Index. See Hollingshead, A.B., "Four Factor Index of Social Class," New Haven, CT: Yale University Working Paper, 1975.

Figure 3: Employment History—
Abused/Neglected Group and Control Group



Employment history findings are based on a measure used in Robins, L.N., and D.A. Regier, eds., *Psychiatric Disorders in America: The Epidemiological Catchment Area Surveys*, New York: Free Press, 1991:103.

be dependent on it, or to suffer from an antisocial personality disorder. Like females, male victims were found at greater risk than controls of attempting suicide and developing an antisocial personality disorder, but they were not at greater risk of developing alcohol problems (see table 3, next page).

The findings of males' higher risk for antisocial personality disorder and females' higher risk for alcohol problems parallel previous research revealing conformity to gender roles. However, the finding that females are, like males, at risk for antisocial personality disorder (as well as criminal behavior)[16] may call for reconsidering the assumptions of externalizing and internalizing as the respective pathways of male and female response.

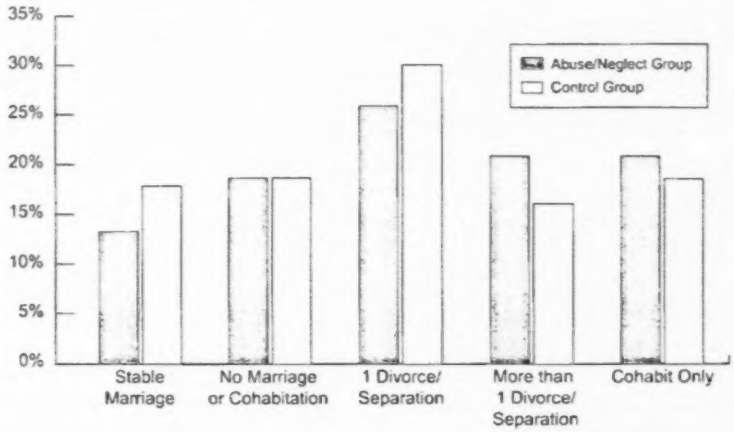
The context of victimization. The findings confirmed earlier research identifying context as a factor influencing the long-term outcome for victims. This became evident in analyzing the relationships among childhood victimization, having a parent who had been arrested, and the likelihood of the offspring's developing antisocial personality disorder. The analysis revealed that among people who had a parent with a history of arrest, abuse or neglect in childhood did not increase the likelihood of their developing an antisocial personality disorder (see table 4, page 8).

However, where there was no parental criminality, being abused and/or neglected did increase the risk for this disorder. This complicates attempts to understand the consequences of childhood victimization and also suggests multiple factors in the development of antisocial personality disorder.

A different picture and set of relationships were found for alcohol abuse. When parental alcohol/drug abuse, childhood victimization, and subsequent alcohol problems in offspring were analyzed, the parents' substance abuse problem emerged as the critical factor in the development of the same problem in the children, and this held true whether or not the child had been victimized (see table 5, page 8). The study also showed that, as a group, the children who were abused or neglected were no more likely than controls to develop alcohol problems, whether or not the parent had the same problem.

The strong influence of parental characteristics on the offspring, regardless of victimization, warrants

Figure 4: Marital History—
Abused/Neglected Group and Control Group



more careful consideration, but is consistent with earlier literature on the genetic transmission of alcoholism.

Multiple Mechanisms

The study generated more—and more systematic—evidence that the consequences of childhood victimization extend well beyond childhood and adolescence, persisting into young adulthood. Such victimization affects many functions later in life, and what was revealed in this study most likely represents only the tip of the iceberg, which further research could bring to light. On the other hand, some expected outcomes (such as increased risk for alcohol problems in abused and neglected children) did not materialize, raising questions for further study.

Disentangling the pathways. One of the difficulties in assessing risk of negative consequences is sorting out the children's multiple problems and those of their parents. As previous research has shown, adverse effects interact, so that the combined effects of two types of problems may be greater than their sum.[17] Whether this interaction effect applies to childhood victimization is not known, although it is likely.

This study has not yet tried to distinguish among the many mechanisms by which childhood victimization affects development and psychopathology. When it comes to the influence of contextual factors, children may simply be modeling their parents' behavior. But it also is possible that abuse or neglect may produce immediate effects that then irremediably affect subsequent development, which in turn may affect still later outcomes.

Table 1: Childhood Victimization and Later Criminality

	Abuse/Neglect Group (676)	Control Group (520)
	%	%
Arrest as juvenile	31.2***	19.0
Arrest as adult	48.4***	36.2
Arrest as juvenile or adult for any crime	56.5***	42.5
Arrest as juvenile or adult for any violent crime	21.0*	15.6

* p≤ .05 **p≤ .01 ***p≤ .001

Note: Numbers in parentheses are numbers of cases.

Table 2: Childhood Victimization and Later Psychopathology

	Abuse/Neglect Group (676)	Control Group (520)
	%	%
Suicide attempt	18.8***	7.7
Antisocial personality disorder	18.4***	11.2
Alcohol abuse/ dependence	54.5***	51.0

*p≤ .05 **p≤ .01 ***p≤ .001

Note: Numbers in parentheses are numbers of cases.

Diagnoses of antisocial personality disorder and alcohol abuse/dependence were determined by using the National Institute of Mental Health DIS-III-R diagnostic interview.

Table 3: Childhood Victimization and Later Psychopathology, by Gender

	Abuse/Neglect Group	Control Group
	%	%
Females	(338)	(224)
Suicide attempt	24.3***	8.6
Antisocial personality disorder	9.8*	4.9
Alcohol abuse/ dependence	43.8**	32.8
Males	(338)	(276)
Suicide attempt	13.4**	6.9
Antisocial personality disorder	27.0**	16.7
Alcohol abuse/ dependence	64.4	67.0

* p≤ .05 **p≤ .01 ***p≤ .001

Note: Numbers in parentheses are numbers of cases.

Diagnoses of antisocial personality disorder and alcohol abuse/dependence were determined by using the National Institute of Mental Health DIS-III-R diagnostic interview.

Table 4: Antisocial Personality Disorder in Offspring—Relation to Parental Criminality

	Abuse/Neglect Group	Control Group	Row Significance
	%	%	
Either parent arrested	21.9 (365)	18.8 (170)	n.s.
Neither parent arrested	14.2 (365)	7.4 (350)	***
Column significance	*	***	

* p≤ .05 ** p≤ .01 *** p≤ .001 n.s. = not statistically significant.

Note: Numbers in parentheses are numbers of cases.

Diagnoses of antisocial personality disorder and alcohol abuse/dependence were determined by using the National Institute of Mental Health DIS-III-R diagnostic interview.

Table 5: Alcohol Abuse/Dependence in Offspring—Relation to Parental Alcohol/Drug Problems

	Abuse/Neglect Group	Control Group	Row Significance
	%	%	
Either parent alcohol/ drug problem	63.2 (389)	56.6 (196)	n.s.
Neither parent alcohol/ drug problem	42.6 (284)	47.5 (324)	n.s.
Column significance	***	*	

* p≤ .05 ** p≤ .01 *** p≤ .001 n.s. = not statistically significant.

Note: Numbers in parentheses are numbers of cases.

Diagnoses of antisocial personality disorder and alcohol abuse/dependence were determined by using the National Institute of Mental Health DIS-III-R diagnostic interview.

Direct and indirect pathways. Some pathways may be direct—persisting into adulthood. Abused and neglected children may show aggressiveness and behavior problems in childhood, delinquency in adolescence, and antisocial and criminal behavior in adulthood. It also is likely that this path leads to abusive behavior in the home, manifested in spouse or child abuse. In other instances there may be a delayed reaction, occurring years later.

Abuse or neglect may encourage certain dysfunctional ways of coping. An example is impulsive behavior that in turn gives rise to deficiencies in problem solving or in school performance, less than adequate functioning on the job, or antisocial personality disorder. Adaptations that might serve well at one stage of development may no longer do so at a later stage, placing the person at risk for further unfavorable situations or subsequent victimization that may trigger psychopathology.

Some early, adverse experiences may be indirect, creating byproducts. They may change the environment or the family situation, which in turn may predispose a person to problem behavior. They also may expose the child to further harmful experiences. In this way, the consequences may be due not so much to the abuse or neglect, but to the chain of events it triggers.

No doubt there are many other mechanisms by which abuse and neglect affect a child. Hopefully, future models that explain long-term consequences will examine some of them, because finding a single mechanism that explains all cases of abuse and neglect is highly unlikely.

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Notes

1. This article summarizes the author's "Childhood Victimization: Early Adversity and Subsequent Psychopathology," in *Adversity, Stress, and Psychopathology*, ed. B.P. Dohrenwend, New York: Oxford University Press, 1998: 81–95.
2. Downey, G., et al., "Maltreatment and Childhood Depression," in *Handbook of Depression in Children*, ed. W.M. Reynolds and H.F. Johnson, New York: Plenum, 1994; Dohrenwend, B.P., and B.S. Dohrenwend, "Sex Differences in Psychiatric Disorders," *American Journal of Sociology* 81 (1976):1447–54; Horwitz, A.V., and H.R. White, "Gender Role Orientations and Styles of Pathology Among Adolescents," *Journal of Health and Social Behavior* 28 (1987):158–170; and Widom, C.S., "Sex Roles, Criminality, and Psychopathology," in *Sex Roles and Psychopathology*, ed. C.S. Widom, New York: Plenum, 1984: 87–213.
3. Downey et al., "Maltreatment and Childhood Depression."
4. Friedrich, W.H., A.J. Urquiza, and R.L. Beilke, "Behavior

Problems in Sexually Abused Young Children," *Journal of Pediatric Psychology* 11 (1986):47–57.

5. Livingston, R., "Sexually and Physically Abused Children," *Journal of the American Academy of Child and Adolescent Psychiatry* 26 (1987):413–415.

6. Briere, J., and M. Runtz, "Symptomatology Associated With Childhood Sexual Victimization in a Nonclinical Adult Sample," *Child Abuse and Neglect* 12 (1988):51–60; Harris, T., G.W. Brown, and A. Bifulco, "Loss of Parent in Childhood and Adult Psychiatric Disorder: A Tentative Overall Model," *Development and Psychopathology* 2 (1990): 311–328; Terr, L.A., "Chowchilla Revisited: The Effects of Psychiatric Trauma Four Years After a School-Bus Kidnaping," *American Journal of Psychiatry* 140 (1983): 1543–1550.

7. Terr, "Chowchila Revisited."

8. Gibbin, P.T., R.H. Starr, and S.W. Agronow, "Affective Behavior of Abused and Controlled Children: Comparison of Parent-Child Interactions and the Influence of Home Environment Variables," *Journal of Genetic Psychology* 144 (1984):69–82.

9. Famularo, R., et al., "Alcoholism and Severe Child Maltreatment," *American Journal of Orthopsychiatry* 56 (1986):481–485; Reider, E.E., et al., "Alcohol Involvement and Violence Toward Children Among High-Risk Families," Paper presented at the annual meeting of the American Psychological Association, New Orleans, Louisiana, August 11–15, 1989.

10. Goodwin, D.W., et al., "Alcohol Problems in Adoptees Raised Apart From Alcoholic Biological Parents," *Archives of General Psychiatry* 28 (1973):238–243; Goodwin, D.W., et al., "Alcoholism and Depression in Adopted-Out Daughters of Alcoholics," *Archives of General Psychiatry* 34 (1977):751–755; Cloninger, C.R., et al., "Psychopathology in Adopted-Out Children of Alcoholics: The Stockholm Adoption Study," in *Recent Developments in Alcoholism*, Vol. 3, M. Galanter, ed., New York: Plenum, 1985.

11. Wyatt, G.E., "Sexual Abuse of Ethnic Minority Children: Identifying Dimensions of Victimization," *Professional Psychology: Research and Practice* 21 (1990):338–343.

12. Smith, C.P., D.J. Berkman, and W.M. Fraser, *A Preliminary National Assessment of Child Abuse and Neglect and the Juvenile Justice System: The Shadows of Distress*, Washington, D.C.: U.S. Department of Justice: Office of Juvenile Justice and Delinquency Prevention, 1980.

13. Widom, C.S., "The Cycle of Violence," *Science* 244 (1989):160–166.

14. These findings, based on the study of 1,196 of the original 1,575 subjects (the 908 abuse/neglect victims plus the 667 in the control group), should not be confused with findings from studies published previously (Widom, "Cycle of Violence," and Maxfield, M.G., and C.S. Widom, "The Cycle of Violence: Revisited Six Years Later," *Archives of Pediatrics and Adolescent Medicine* 150 [1996]:390–395), which report on the entire original sample of 1,575.

15. See Widom, C.S., T. Irèland, and P.J. Glynn, "Alcohol Abuse in Abused and Neglected Children Followed-Up: Are They at Increased Risk?" *Journal of Studies on Alcohol* 56 (1995):207–217.

16. These findings are not shown here. See Maxfield and Widom, "The Cycle of Violence: Revisited."

17. Rutter, M., "Protective Factors in Children's Response to Stress and Disadvantage," in *Primary Prevention of Psychopathology: Social Competence in Children*, Vol. 3, ed. M.V. Kent and J.E. Rolf, Hanover, NH: New England Press, 1979: 49–74 .

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